

TRAVEL EXPENSE CLAIM

See Instructions and Privacy

Statement on Reverse Side

STD 262 (REV 10/92)

Page 1 of 1

| | | | | | | | | |
|------------------------------------|--|--|---------------------------------------|--|--|---|--|--|
| CLAIMANT'S NAME Andrea McCarthy | | | SSAN OR EMPLOYEE NUMBER | | | DEPARTMENT | | |
| POSITION Deputy Press Secretary | | | CB/D NUMBER | | | DIVISION OR BUREAU Governor's Office | | |
| RESIDENCE ADDRESS | | | HEADQUARTERS ADDRESS State Capitol | | | INDEX NUMBER | | |
| CITY Sacramento | | | STATE CA | | | ZIP 95814 | | |

| MONTH/YEAR 4/10 | | LOCATION WHERE EXPENSES WERE INCURRED | LODGING | MEALS | | | INCIDENTALS | TRANSPORTATION | | | | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY |
|-------------------------------|---------|---|---------|-----------|-------|--------|-------------|-------------------|-----------|-------------------------------|------------------------------------|---------------------|------------------------------|
| DATE | TIME | | | BREAKFAST | LUNCH | DINNER | | COST OF TRANS. | TYPE USED | CARFARE, TOLLS, PARKING | PRIVATE CAR USE MILES AMOUNT | | |
| 19-Apr | 6am-5pm | SAC/LA/SAC | | 6.00 | | | | 323.40 | AIR | 9.00 | 24 | 12.00 | 350.40 |
| 21-Apr | 6am-3pm | SAC/SJ/SAC | | 5.60 | | | | | | | | 0.00 | 5.60 |
| 30-Apr | 6am-3pm | SAC/LA/SAC | | 3.85 | | | | 323.40 | AIR | 67.63 | 24 | 12.00 | 406.88 |
| | | | | | | | | | | | | 0.00 | 0.00 |
| | | | | | | | | | | | | 0.00 | 0.00 |
| | | | | | | | | | | | | 0.00 | 0.00 |
| | | | | | | | | | | | | 0.00 | 0.00 |
| | | | | | | | | | | | | 0.00 | 0.00 |
| | | | | | | | | | | | | 0.00 | 0.00 |
| | | | | | | | | | | | | 0.00 | 0.00 |
| | | | | | | | | | | | | 0.00 | 0.00 |
| | | | | | | | | | | | | 0.00 | 0.00 |
| | | | | | | | | | | | | 0.00 | 0.00 |
| | | | | | | | | | | | | 0.00 | 0.00 |
| | | | | | | | | | | | | 0.00 | 0.00 |
| | | | | | | | | | | | | 0.00 | 0.00 |
| | | | | | | | | | | | | 0.00 | 0.00 |
| SUBTOTALS | | | 0.00 | 15.45 | 0.00 | 0.00 | 0.00 | 646.80 | 0.00 | 76.63 | 48 | 24.00 | 0.00 |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | |
| CLAIM TOTAL | | | | | | | | | | | | \$762.88 | |

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

4/19: GS introduces SB 955, education reform legislation @ Markham Middle School in LA

4/21: Earth Day, Gs announces SunPower expansion in Sunnyvale

4/30: GS announces BYD will locate its North American HQs in LA

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.5

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

241008

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining to my and seal belt usage

CLAIMANT

DATE

SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE

SIG

E OF TITLE OF AUTHORITY

TOTAL EXPENSES

DATE

5/4/10

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|------------------------------------|-------|---------------------------------------|---|------------|------------------|
| CLAIMANT'S NAME Andrea McCarthy | | SSAN OR EMPLOYEE NUMBER | | DEPARTMENT | |
| POSITION Deputy Press Secretary | | CB/D NUMBER | DIVISION OR BUREAU Governor's Office | | INDEX NUMBER |
| RESIDENCE ADDRESS | | HEADQUARTERS ADDRESS State Capitol | | | TELEPHONE NUMBER |
| CITY | STATE | ZIP | CITY | STATE | ZIP |
| | | | Sacramento | CA | 95814 |

| MONTH/YEAR 3/10 | | LOCATION WHERE EXPENSES WERE INCURRED | LODGING | MEALS | | | INCIDENTALS | TRANSPORTATION | | | | | BUSINESS EXPENSE | TOTAL EXPENSES FOR DAY |
|-------------------------------|---------|---|---------|-----------|-------|--------|-------------|-------------------|-----------|-------------------------------|---------------------------------|--------|---------------------|------------------------------|
| DATE | TIME | | | BREAKFAST | LUNCH | DINNER | | COST OF TRANS. | TYPE USED | CARFARE, TOLLS, PARKING | PRIVATE CAR USE MILES AMOUNT | | | |
| 23-Mar | 6am-3pm | SAC/RB/SAC | | | | | | | | | 262 | 131.00 | | 131.00 |
| 24-Mar | 9am-6pm | SAC/FRES/SAC | | | | | | | | | 348 | 174.00 | | 174.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| | | | | | | | | | | | | 0.00 | | 0.00 |
| SUBTOTALS | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 610 | 305.00 | 0.00 | |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | | |
| CLAIM TOTAL | | | | | | | | | | | | | \$305.00 | |

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

2/23: GS and Sec. Salazar participated in groundbreaking of Fish Passage Improvement Project in Red Bluff

2/25: GS signed \$10,000 homebuyer tax credit legislation at Granville Homes in Fresno

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.5

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

241028

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining to

self usage

| | | | |
|------------|--------------------|---|----------------|
| CLAIMANT'S | DATE 5/3/10 | SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT | DATE 5/4/10 |
| SIGNATURE | TITLE OF AUTHORITY | EXPENSES | DATE |